

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY OF STOUGHTON (0008677)

Address: 2321 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096730 **End Date:** 03/15/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008357 Served 04/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION		

Survey ID: 0093497 **End Date:** 10/13/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008056 Served 10/26/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	03/15/2006	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	03/15/2006	Yes

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Survey ID: 0091743 End Date: 12/16/2003 Type: STANDARD Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007920 Served 01/05/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(b)2	MATTRESS PAD	10/05/2004	Yes
83.41(2)(b)4	TWO BLANKETS, 2 SHEETS AND PILLOWCASE	10/05/2004	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	03/15/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	10/05/2004	Yes

Survey ID: 0091645 End Date: 12/04/2003 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090618 End Date: 07/08/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 04/11/2006 **SOD #**10008357 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(a)

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CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/02/2006

Date Investigation Completed: 03/15/2006

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #

Date Complaint Received: 07/12/2004

Date Investigation Completed: 10/06/2004

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 06/25/2004

Date Investigation Completed: 10/05/2004

Subject Area(s)
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/28/2003

Date Investigation Completed: 12/19/2003

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/30/2003

Date Investigation Completed: 12/18/2003

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #

NOT RECORDED

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